

2017-2018 Change of Mind Course Form

Student Last name, First name

2017-2018 Grade

Counselor

Add:

1. _____

2. _____

3. _____

Drop:

1. _____

2. _____

3. _____

Reason for Request:

1. _____

2. _____

3. _____

Parent Signature (required) _____ Date _____

Parent email _____/Parent Cell Phone # _____

Student Signature _____ Date _____

Student email _____/Student Cell # _____

Please return these forms to The Counseling Center by:

1. Email cmccloskey@csh.k12.ny.us
2. Fax form to The Counseling Center (631) 692-7096
3. Student can return form to The Counseling Center between the hours of 7:30am to 2:00pm*

***Please submit all forms to The Counseling Center ASAP.**

***Forms submitted after June 22, 2017 will not be addressed until the new school year begins.**

***Please note that there are NO teacher or period changes to student's schedules.**

***Priority will be given to academic courses**